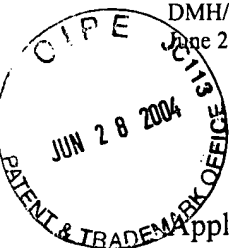


AF
IFW



NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicants: Mustapha Abdelouahed and John W. Lawler
Serial No.: 10/084,832 Group: 1641
Filed: February 27, 2002 Examiner: D. A. Davis
Confirmation No.: 5718
For: DIAGNOSTIC ASSAY FOR TYPE 2 HEPARIN-INDUCED
THROMBOCYTOPENIA

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
June 25, 2004	Beverly Weinberger
Date	Signature
Beverly Weinberger	
Typed or printed name of person signing certificate	

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

06/30/2004 YPOLITE1 00000023 10084832
01 FC:2253 475.00 OP
02 FC:2401 165.00 OP

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated December 30, 2003 of the Examiner finally rejecting claims 1-7 and 34-37. The item(s) checked below are appropriate:

- ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated December 30, 2003 for three months from March 30, 2004 to June 30, 2004.
- ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.
☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
- ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months		\$ 475
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	((] mo.)	\$ _____
	Less fee paid	((] mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 165
<input type="checkbox"/>	Other _____		\$ _____
		TOTAL	\$ 640

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$640.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Carol A. Egner
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Telephone: (978) 341-0036
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Concord, MA 01742-9133

Date: June 25, 2004